

Attorney's Docket No. 047717/274789

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Robert Ehrhardt Confirmation No.: 1550  
 Appl. No.: 10/604,551 Group Art Unit: 2861  
 Filed: July 30, 2003 Examiner: S. Meier  
 For: LABEL PRINTER WITH LABEL EDGE DETECTOR

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.  
☐ No additional fee is required.

The fee has been calculated as shown below:

| (COL. 1)   |      | (COL. 2)                           | (COL. 3)      | SMALL ENTITY     |            | OTHER THAN A SMALL ENTITY |            |
|--|------|------------------------------------|---------------|------------------|------------|---------------------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT                                   |      | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE             | ADDIT. FEE | OR RATE                   | ADDIT. FEE |
| TOTAL  | * 34 | ** 24                              | = 10          | X 9=             | \$         | X 18=                     | \$ 180.00  |
| INDEP  | * 3  | *** 3                              | = 0           | X 43=            | \$         | X 86=                     | \$ 0.00    |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |      |                                    |               | +145=            | \$         | +290=                     | \$         |
|  |      |                                    |               | TOTAL ADD FEE \$ |            | OR TOTAL                  | \$ 180.00  |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

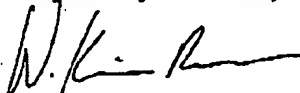
08/03/2004 PBRITTON 00000307 160605 1060451

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In re: Robert Ehrhardt  
Appl. No.: 10/604,551  
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- ☒ Please charge my Deposit Account No. 16-0605 in the amount of \$180.00.
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

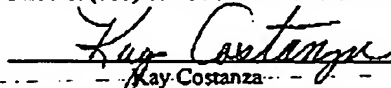


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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the US Patent and Trademark Office at  
Fax No. (703) 872-9306 on the date shown below.

  
\_\_\_\_\_  
Kay Costanza

7-27-2004  
\_\_\_\_\_  
Date

CLT01/4659296v1

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10604551

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 24 minus 20 = | * 4          |
| INDEPENDENT CLAIMS  | 2 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 34                             | Minus ** 24                        | = 10          |
| Independent   | * 3                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

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|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    | 72-    |
| X86=      |        |
| +290=     |        |
| TOTAL     | 822    |

SMALL ENTITY OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           | 180            |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE | 180            |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |